

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee El Sol Broadcasting		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 611 W. National Ave.		Amount 16000.00	
City Milwaukee	State WI	Zip Code 53204	Transaction ID : SE.4564
Purpose of Expenditure Media Purchase	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 18 / 2016	
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: WI	
Calendar Year-To-Date Per Election for Office Sought 112000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee WDDW		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 1138 South 108th St.		Amount 28000.00	
City West Allis	State WI	Zip Code 53214	Transaction ID : SE.4567
Purpose of Expenditure Media Production	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2016	
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: 00 State: WI	
Calendar Year-To-Date Per Election for Office Sought 96000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Donelson

[Electronically Filed]

Date

MM / DD / YYYY
06 / 22 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Americas PAC		FEC IDENTIFICATION NUMBER ▼ C C00559906	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WGLB		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 5183 N. 35th Street		Amount 8000.00	
City Milwaukee	State WI	Zip Code 53209	Transaction ID : SE.4562
Purpose of Expenditure Media Purchase		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 11 / 2016
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 68000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee WRRD		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 310 W. Wisconsin Ave. Suite 100		Amount 14000.00	
City Milwaukee	State WI	Zip Code 53203	Transaction ID : SE.4565
Purpose of Expenditure Media Buy		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 25 / 2016
Name of Federal Candidate RUSSELL DANA FEINGOLD		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 126000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	66000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Tom Donelson

[Electronically Filed]

Date

MM / DD / YYYY
06 / 22 / 2016

Signature